

CPC Solutions

An Independent Review Organization

P. O. Box 121144 Phone Number:
Arlington, TX 76012(855) 360-1445
Email: @irosolutions.com

Fax Number:
(817) 385-9607

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

The claimant is a X who sustained an injury on X when X struck the left elbow. The claimant was assessed with X. The X electrodiagnostic report noted evidence of X. There was also X. The X evaluation recommended X. The X evaluation noted X over the X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The requested X was denied by utilization review as current evidence based guidelines do not support the use of X. A X utilization review denied X due to the lack of documentation regarding X. In review of the clinical findings, the claimant did have evidence of an X. However, the records X. Therefore, it is this reviewer's opinion that medical necessity for the request is not established and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal Criteria

- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted **Médical Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)